



National English Shepherd Rescue Adoption Application

National English Shepherd Rescue
Nancy Houtkooper
69498 245th Ave
Wabasha MN 55981

Please send this to the coordinator you are working with. If you are not working with a coordinator mail, fax or scan ro email to the address to the left. Preferred method is fax or scan to email.

nesrinfo@yahoo.com

Fax 408-519-6492

<http://www.nesr.info>

Contact Information:

Please print this form on your printer and fill it in by hand, sign it and mail it to NESR.

Name: _____ Email address: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ (best contact times _____) Cell phone (if needed): _____

Employer Name: _____ Work phone: _____

Interested in:

age _____ sex _____ color _____ specific dog?: _____

Household Information:

Adults: Name & hours spent working outside the home per day

1. _____ 2. _____

Children (number & Ages):

Does any family member have animal allergies?

Describe the ideal dog for your present needs:

Describe a typical day for your dog:

Describe the best dog you ever had and what you liked most about him as well as any characteristics that could be improved to make a better dog to fit your present situation:

Who is responsible for feeding, house training, and training? _____

How will you housebreak the dog? _____

Where will the dog sleep? _____

Why do you want an English Shepherd? _____

Own ____ Rent ____ If you rent, landlord name and phone number: _____

Single Family ____ Duplex/Triplex ____ Condo ____ Apt. ____ Farm ____ Yrs/ Months at address: ____

Moving soon? ____ Yard? ____ Size? ____ Fence? ____

Current Pet Ownership:

Type(s): _____ Sex(s): _____ Age(s): _____

Spayed/neutered: _____

Previous Pet Ownership:

Type(s): _____ Sex(s): _____ Age(s): _____

Veterinarian: _____ Phone: _____

What happened to previous pets ? _____

References: Name, phone number, email address, relationship (no more than one family member)

	Name	Address	City	State	Zip
1					
	Phone	Cell	Email		

	Name	Address	City	State	Zip
2					
	Phone	Cell	Email		

	Name	Address	City	State	Zip
3					
	Phone	Cell	Email		

	Current Veterinarian	Address	City	State	Zip
	Phone	Cell	Fax		

I represent that the information that I have provided on this form is the truth to the best of my knowledge and belief.

Signature: _____ Date: _____

Thank you for your interest in a dog from National English Shepherd Rescue. Your support is essential for us to continue saving the lives of these wonderful dogs.